

UNITED STATES DISTRICT COURT, DISTRICT OF NEW MEXICO SENTENCING MINUTE SHEET													
CR No: 22-1013 DHU				USA vs.: Vicenti									
Date: 5/22/24				Name of Deft: Matthew Vicenti									
Before the Honorable: David Herrera Urias													
Time In/Out:		1:41-2:28 PM 2:39-3:06 PM				Total Time in Court (for JS10):				1 hour 14 minutes			
Clerk:		J. Gonzales				Court Reporter:				C. McAlister			
AUSA:		Kimberly Bell				Defendant's Counsel:				Daniel Snyder			
Sentencing in:		ABQ				Interpreter:							
Probation Officer:		Jason Hunt				Interpreter Sworn?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Convicted on:		<input checked="" type="checkbox"/> Plea	<input type="checkbox"/> Verdict	As to:		<input type="checkbox"/> Information		<input checked="" type="checkbox"/> Indictment					
If Plea:		<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted	Adjudged/Found Guilty on Counts: 1 and 3									
If Plea Agreement:		<input checked="" type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted	<input type="checkbox"/> No Plea Agreement		Comments:							
Date of Plea/Verdict:		8/29/23		PSR:		<input type="checkbox"/> Not Disputed	<input checked="" type="checkbox"/> Disputed	<input checked="" type="checkbox"/> Courts adopts PSR Findings					
Evidentiary Hrg:		<input checked="" type="checkbox"/> Not Needed	<input type="checkbox"/> Needed	Exceptions to PSR:									
SENTENCE IMPOSED				Imprisonment (BOP):		34 months less 1 day as to each count; said terms to run concurrently for a total term of 34 months less 1 day							
Supervised Release:		3 years as to each count; said terms to run concurrently for a total term of 3 years						Probation:					
REC	<input checked="" type="checkbox"/>	500-Hour Drug Program		BOP Sex Offender Program		Other:							
ICE	<input type="checkbox"/>	Court recommends ICE begin removal proceedings immediately or during service of sentence								<input type="checkbox"/> ICE not applicable			
SPECIAL CONDITIONS OF SUPERVISION													
<input type="checkbox"/>	No re-entry without legal authorization					<input type="checkbox"/> Home confinement for _____ months _____ days							
<input type="checkbox"/>	Comply with ICE laws and regulation					<input type="checkbox"/> Community service for _____ months _____ days							
<input checked="" type="checkbox"/>	Participate in outpatient substance abuse treatment program					<input type="checkbox"/> Reside halfway house _____ months _____ days							
<input checked="" type="checkbox"/>	Participate in mental health treatment program					<input type="checkbox"/> Register as sex offender							
<input type="checkbox"/>	Refrain from use/possession of alcohol/intoxicants					<input type="checkbox"/> Participate in sex offender treatment program							
<input checked="" type="checkbox"/>	Submit to search of person/property					<input type="checkbox"/> Possess no sexual material							
<input checked="" type="checkbox"/>	No contact with victim(s)					<input type="checkbox"/> No computer with access to online services							
<input type="checkbox"/>	No entering or loitering near victim's residence					<input type="checkbox"/> No contact with children under 18 years							
<input checked="" type="checkbox"/>	Provide financial information					<input type="checkbox"/> No volunteering where children supervised							
<input type="checkbox"/>	Grant limited waiver of confidentiality					<input type="checkbox"/> Restricted from occupation with access to children							
<input checked="" type="checkbox"/>	Refrain from use and possession of synthetic cannabinoids, etc.					<input type="checkbox"/> No loitering within 100 feet of school yards							
<input type="checkbox"/>	No possession of a firearm, ammunition, destructive device or any other dangerous weapon					<input type="checkbox"/> Participate in an educational or vocational program approved by the Probation Officer							
<p>You shall waive your right of confidentiality-mental health</p> <p>You shall waive your right of confidentiality-substance abuse</p> <p>You must submit to substance abuse testing to determine if you have used a prohibited substance. Testing shall not exceed more than 60 test(s) per year.</p> <p>You must not use or possess alcohol. You may be required to submit to alcohol testing that may include urine testing, a remote alcohol testing system, and/or an alcohol monitoring technology program to determine if you have used alcohol. Testing shall not exceed more than 4 test(s) per day.</p> <p>You must not possess, sell, offer for sale, transport, cause to be transported, cause to affect interstate commerce, import, or export any drug paraphernalia, as defined in 21 U.S.C. 863(d).</p> <p>You must participate in an educational or vocational services program and follow the rules and regulations of that program.</p> <p>You must participate in and successfully complete a community-based program which provides education and training in domestic violence prevention.</p> <p>You must not open new lines of credit, which includes the leasing of any vehicle or other property or use existing credit resources without the prior approval of the supervising probation officer.</p> <p>OTHER: Participate in an inpatient treatment program for at least 180 days, if RDAP not completed</p>													

Fine: \$	0.00	Restitution: \$		Open for 90 days	
SPA: \$	200.00	Payment Schedule:	<input checked="" type="checkbox"/>	Due Immediately	Waived
OTHER:					
	Advised of Right to Appeal	<input checked="" type="checkbox"/>	Waived Appeal Rights per Plea Agreement		
<input checked="" type="checkbox"/>	Held in Custody		Voluntary Surrender		
<input checked="" type="checkbox"/>	Recommended place(s) of incarceration: FCI Englewood, FCI Florence				
	Dismissed Counts:				
<p> OTHER COMMENTS: Court makes ruling on grouping objection. Mr. Snyder requests variance. Ms. Bell objects to variance. Mr. Snyder withdraws request for variance. Defendant addresses Court. Mr. Snyder requests RDAP recommendation-modification of TSR if defendant completes RDAP-requests F.C.I. designation. </p>					